BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:					 				
Fill in Appropriate			d hereto. If not attached here	eto,					
Information -									
For Use Without Specification	United States Application Number (if applicable and amended on (if applicable								
Attached:	the specification i	was filed on	August 4, 2004			_ as PCT			
	International Application Number PCT/JP2004/011491					and was			
	amended on	(if applicable)							
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal								
	Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention								
	thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year								
	prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the								
	date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for								
	representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this								
	application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35. United States Code, \$119(a)-(d) of any foreign application(s) for patent								
	I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
T 170 / 11	Prior Foreign Application(s)				Priority Claimed				
Insert Priority Information:	No. 2003-286543	Japan		08/05/2003	Ø				
(if appropriate)	(Number)	(Count	ry)	(Month/Day/Year Filed)	Yes	No			
	(Number)	(Count	ry)	(Month/Day/Year Filed)	Yes	No			
	(Number)	(Count	ry)	(Month/Day/Year Filed)	Yes	No			
	,	,	,	, , , , , , , , , , , , , , , , , , , ,					
	(Number)	(Count	ry)	(Month/Day/Year Filed)	Yes	No			
	I hereby claim the bene	efit under Tit	le 35, United States Code, §1	19(e) of any United States provisiona	l applications(s) li	isted below.			
Insert Provisional	•			-					
Application(s):	(Application Number)			(Filing Date)					
(if any)									
	(Application Number)			(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to								
	the Filing Date of This Application:								
	Country		Application Number	Date of Filing (Mor	Date of Filing (Month/Day/Year)				
Insert Requested									
Information:									
(if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT								
	application in the man	ner providec	l by the first paragraph of Ti	tle 35. United States Code, \$112, Lac	knowledge the di	utv to disclose			
	application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
	between the ming date	or the prior	application and the national	of 1 C1 International filling date of the	в аррисации.				
Insert Prior U.S.	(Application Number)		(Filing Date)	(Status - natented 1	onding abandon				
Application(s): (if any)	(Application Number)		(1 mig Date)	(Status - Patenteu,)	patented, pending, abandoned)				
**			(Pd) P		1. 1 .				
Page 1 of 2 (Rev. 12/19/01)	(Application Number)		(Filing Date)	(Status - patented, _I	ænding, abandon	ied)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

			$\overline{}$					
full Name of First or Sole Inventor: ngert Name of Inventor regert Date This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor — nsert Date This Document is Signed	Tomohiro KONO	1. Koul		January 16, 2006				
nsert Residence	Residence (City, State & Country)		CITIZENSHI	P				
nsert Citizenship →	Setagaya-ku, TOKYO JAPAN		Japan					
nsert Mailing Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o TOKYO UNIVERSITY OF AGRICULTURE, 1-1, Sakuraoka 1-chome, Setagaya-ku, TOKYO 156-0054 JAPAN							
ull Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above	Yayoi OBATA	4. Obata		January 16, 2006				
	Residence (City, State & Country)		CITIZENSHI					
	Setagaya-ku, TOKYO JAPAN		Japan					
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o TOKYO UNIVERSITY OF AGRICULTURE, 1-1, Sakurgoka 1-chome, Setagaya-ku, TOKYO 156-0054 JAPAN							
'ull Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHII	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
'ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	,	DATE*				
	Residence (City, State & Country)		CITIZENSHII	P				
	MAILING ADDRESS (Complete Street Address i	including City, State & Country)						